

## **Vital Statistics Tabulated Mortality Data Request**



Contact Information of Requester		
Name	Type of Organization:	
Address	Please state your organization name.	
	Government Entity:	
City		
State		
ZIP Code	Nonprofit:	
Telephone		
Fax	<del></del>	
Email Address	Academic:	

## **❖❖** IMPORTANT NOTICE ❖❖

This data request is specifically designed for those who are interested in obtaining mortality data in tabular format. We are currently providing mortality data to public. The official data file for Los Angeles County is available with approximately 1.5 to 2 years delay. All interested variables (see page 2) will be in an aggregated form. Your request may be subject to data charges; please refer to page 3 for further details.

If you are interested in obtaining brief tabulated mortality data, life expectancy tables, and/or health surveys, please visit our online query system at:

• L.A. HealthDataNow! http://dgs.hasten.ladhs.org/default.aspx

or if you are interested in leading causes and premature death in Los Angeles County, our annual report is available at:

• Mortality in Los Angeles County: Leading Causes of death and premature death with trends http://publichealth.lacounty.gov/dca/dcareportspubs.htm

For any additional information, please contact the Office of Health Assessment and Epidemiology Program.

Office of Health Assessment and Epidemiology 313 N. Figueroa Street, Room 127 Los Angeles, CA 90012 Telephone: (213) 240-7785

Fax: (213) 250-2594

E-mail: <a href="mailto:DCA@ph.lacounty.gov">DCA@ph.lacounty.gov</a>

Tabulated Death Data File*			
Race (White, Black, Hispanic, AI, Asian/Pacific Islanders)	Available Data Years**: varies		
Sex	(Please contact the Office for more information.)		
Age			
Date of death	Requesting Data Year(s):		
Underlying cause (ICD codes only)			
Manner of death			
Birthplace			
City of residence			
Service planning area(s)			
Health district(s)			
Supervisorial district(s)			
Census tract(s)			

<sup>• •</sup> 

## **Birth Data, Los Angeles County**

We do not provide any raw birth data files. Please contact the California Department of Public Health for obtaining the raw files (<a href="http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx">http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx</a>), or contact the Maternal Child and Adolescent Health Program (<a href="http://publichealth.lacounty.gov/mch/index.htm">http://publichealth.lacounty.gov/mch/index.htm</a>) at (213) 639-6400 for tabulated data files.

## **Project Description**

1. Clearly state the purpose of your project and how the tabulated data will be used to achieve your project's objectives.

2. Will the requested data be used in geocoding/Geographic Information System (GIS): YES NO If yes, please describe.

<sup>\*</sup> Any cell size <5 will be suppressed and excluded from the total count.

<sup>\*\*</sup> Earlier data years may have incomplete and/or missing variables; hence, some years may have inconsistent variables.

Data Fee	
	costs consulting time and computer run, which will be charged accordingly. The are at \$100.00/hour and \$60/run, respectively. Notification of cost estimate will be ation.
ees are generally waived for governmental ager	ncies and non-profit organizations.
All payments should be made to <b>Data Collection</b>	and Analysis Unit.
Print Requester Name	Requester Signature
This requester name	requester signature
Title/Position	Date
Title/Position	Date
Office of Hed	alth Assessment & Epidemiology Use Only
Authorized Date:	